

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000004924

FILED
Apr 29, 2009
Secretary of State

Entity Name: MONTICELLO FARMS PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

1000 CLINT MOORE RD., SUITE 110
BOCA RATON, FL 33487

New Principal Place of Business:

Current Mailing Address:

1000 CLINT MOORE RD., SUITE 110
BOCA RATON, FL 33487

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HRAWG CORP.
1801 N. MILITARY TRAIL, SUITE 200
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ENDELSON, KENNETH M
Address: 1000 CLINT MOORE RD., SUITE 110
City-St-Zip: BOCA RATON, FL 33487

Title: D () Delete
Name: FINKELSTEIN, RICHARD
Address: 1000 CLINT MOORE RD., SUITE 110
City-St-Zip: BOCA RATON, FL 33487

Title: TD () Delete
Name: MATTHEWS-GRAY, JUDY
Address: 1000 CLINT MOORE RD., SUITE 110
City-St-Zip: BOCA RATON, FL 33487

Title: D () Delete
Name: SCARDINA, CHARLES
Address: 1000 CLINT MOORE RD., SUITE 110
City-St-Zip: BOCA RATON, FL 33487

Title: SD () Delete
Name: AKEL, RAMSEY
Address: 1000 CLINT MOORE RD., SUITE 110
City-St-Zip: BOCA RATON, FL 33487

Title: P () Delete
Name: BORG, DEAN J
Address: 1000 CLINT MOORE RD., SUITE 110
City-St-Zip: BOCA RATON, FL 33487

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUDY MATTHEWS-GRAY

D

04/29/2009

Electronic Signature of Signing Officer or Director

Date